

A submission to the
Senate Community Affairs Committee

Inquiry into the Commonwealth Funding and Administration of Mental Health Services

Prepared by BoysTown

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BoysTown

15 August 2011

Overview

The provision of services to children and young people impacted by mental health issues as well as to their families is a core responsibility of BoysTown. Kids Helpline in 2010 provided 26,688 telephone and online interactions with children and young people concerning mental health issues. In 2010, BoysTown's Parentline service responded to over 400 contacts from parents and carers across Queensland and the Northern Territory who were concerned about the mental and emotional health of their children. BoysTown's Job Services Australia programs are working on a daily basis with children and young people to overcome the impacts of mental health issues on their employability.

In view of our extensive experience as a service provider BoysTown commends the Commonwealth Government for investing the \$2.2 billion in delivering increased mental health services and in supporting systemic reform. However our organisation also believes that issues of concern are emerging in relation to the implementation of these reforms that if left unaddressed will be detrimental to children and young people. This paper highlights these issues and presents a range of recommendations that we believe will lead to the more effective support of children and young people with mental health concerns.

The following recommendations are made for consideration by the Senate Community Affairs Committee:

Recommendation 1:

That the Commonwealth Government implement an evaluation strategy to assess the impact of Headspace and Early Psychosis Prevention and Intervention Centres on alleviating the mental health needs of Aboriginal and Torres Strait Islander children and young people.

Recommendation 2:

That the Commonwealth Government allow for the implementation of the Access to Allied Psychological Services (ATAP) program through appropriately accredited community based not-for-profit organisations.

Recommendation 3:

That the Government remove the current inequity experienced by Helpline users and broaden their range of help seeking choices by providing affordable access to all Helplines, particularly those exclusively dedicated to the provision of service to children and young people.

Recommendation 4:

That the Commonwealth Government ensure an appropriate level of funding for clinical governance is included in all contracts relating to the delivery of mental health services.

Recommendation 5:

That the Commonwealth Government investigate the plight of young people with diagnosed and undiagnosed mental health issues currently receiving employment services through the Job Services Australia program in order to inform the enhancement of current levels of support and employment outcomes for this target group.

Recommendation 6:

That the Commonwealth Government increase its investment in school to work transition programs for young people impacted by mental health issues.

Recommendation 7:

That the Commonwealth Government ensure accredited counsellors supported by specialised training, clinical supervision, practice accountability systems and an ongoing research and evaluation strategy are key features of the service model for the proposed single national mental health portal and e-clinic.

Background

About BoysTown

BoysTown's mission is ***'to enable young people, especially those who are marginalised and without voice, to improve their quality of life'***.

BoysTown has been delivering services to disadvantaged and 'at risk' children and young people and their families for over 50 years. Throughout this time, BoysTown has sought to understand and address the issues that lead to their social exclusion and despair including family conflict, abuse and trauma, mental health, homelessness, substance misuse issues, intergenerational unemployment and disrupted education.

BoysTown currently provides a range of services to young people and families seeking one-off and more intensive support including:

- Kids Helpline which provides a national 24/7 telephone and on-line counselling service for five to 25 year olds with special capacity for young people with mental health issues
- Accommodation responses to homeless families and women and children seeking refuge from Domestic/Family Violence
- Parenting Programs offering case work, individual and group work support and child development programs for young mothers and their children
- Parentline, a telephone and on-line counselling service for parents and carers in Queensland and the Northern Territory
- Paid employment to more than 400 young people each year in supported enterprises to prepare them for transition to the mainstream workforce
- Training, education and employment programs that skill young people allowing them to re-engage with education and obtain employment

BoysTown also works in close partnership with remote Indigenous communities. In 2007 BoysTown entered a partnership with remote Indigenous communities in the Tjurabalan-Kutjungka area in Western Australia to implement a holistic community development strategy aiming to reduce Indigenous people's level of disadvantage.

Kids Helpline

Kids Helpline is Australia's only national 24/7, private and confidential support and counselling service specifically for children and young people aged 5 to 25 years. Since March 1991, young Australians have been contacting Kids Helpline about a wide range of issues: from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide. Children and young people have direct access to a qualified counsellor. They can choose to speak on an ongoing basis with either a male or female counsellor. No other organisation speaks with as many young Australians.

During 2010 Kids Helpline provided almost 270,000 telephone and online interactions with children and young people. Of those, 62,612 were contacts of a nature that required a counselling response. Professionally trained Kids Helpline counsellors responded to these contacts by gently building trusting relationships, conducting risk assessments, providing therapy, identifying existing supports, discussing possible referrals with the young person and liaising with those referral agencies, offering ongoing counselling relationships with the same Kids Helpline

counsellor and participating in “wrap-around care” case management in conjunction with other agencies in the young person’s life. Often, extensive advocacy was also carried out on behalf of young clients to facilitate their access to specialist mental health services when it was clear that either a mental illness existed or symptoms were emerging.

Kids Helpline also has a unique capacity to act as a safety net for vulnerable children and young people experiencing mental health issues and/or who may be at risk of suicide. Because the service is able to offer 24/7 professional support, it is frequently used in young people’s crisis plans developed by specialist mental health services.

BoysTown’s Education, Employment and Training (EET) Services

BoysTown also provides regionally-based personal development, training and employment assistance programs for marginalised young people living in some of the most disadvantaged areas in Australia. Through its Employment, Education and Training (EET) Services, BoysTown is able to make a huge impact on the lives of thousands of disadvantaged young people, their families, and the wider Australian community.

EET programs include:

Job Services Australia (JSA) - BoysTown operates ten full time Job Service Australia offices in some of the most disadvantaged areas of Australia. As part of its service delivery model, BoysTown targets young people who have a higher level of social exclusion. Based on Employment Services System (ESS) data, BoysTown provided services to almost 8,000 young job seekers last financial year (BoysTown Annual Report, 2010). Almost half of these young people (46%) were in Streams 3 & 4 which indicates high level barriers must be resolved to achieve employment outcomes.

Training, Education and Support Services (TES) - BoysTown’s Training Education and Support (TES) services provide youth work support, employment preparation and training to young people who have disengaged or are at-risk of disengaging from school. TES services consist of State and Commonwealth Government-funded programs which include: Skilling Queenslanders for Work; Participate in Prosperity and Enterprise Learning Programs; Get Set for Work; Flipside in South Australia; South Australia Works - Skills for the Future, Building Your Future and Growing Your Future; and Youth Connections in south-east Queensland. During the FY 2009-2010, BoysTown provided training, education and support services to 735 young clients.

Transitional Employment (BoysTown Social Enterprises) - The program’s objective is for young people to acquire vocational skills and work readiness through paid work and on-the-job training in a supported environment to enable them to make successful transition to sustainable employment. The young participants receive training from qualified and experienced vocational trainers along with individualised and ongoing case management, specialised counselling and youth welfare support.

BoysTown, through its various social enterprises, directly employs over 400 young people. Research currently being conducted in partnership with Griffith University indicates that BoysTown’s social enterprises enhance protective factors that avert mental health issues amongst youth.

Terms of Reference

The Government's funding and administration of mental health services in Australia, with particular reference to:

(a) The Government's 2011-12 Budget changes relating to mental health

This paper in proceeding sections will detail a number of issues in relation to the current funding allocations outlined in the 2011-12 Commonwealth Government budget and associated mental health initiatives outlined in the ten year Roadmap for Mental Health Reform. In this section we wish to highlight the importance of meeting the mental health needs of indigenous youth.

Numerous Government Inquiries over recent times have noted the need for improved mental health services for Aboriginal communities. Aboriginal people particularly youth are a designated target group for the Commonwealth Government's mental health strategy. The 2011-12 budget provides considerable funding for the national extension of the Headspace model and the development of 12 additional Early Psychosis Prevention and Intervention Centres (EPPIC). However the question needs to be asked, given the significant funding being committed to these programs, is there capacity to respond to the prevalence of mental health issues in Indigenous communities particularly where cultural understandings of mental health are very different to that of non-Aboriginal Australia. . Evaluation strategies to measure the impacts need to be developed in both the short and long term to ensure the effectiveness of new services to meet the needs of the Indigenous individuals and communities.

Recommendation 1:

That the Commonwealth Government implement an evaluation strategy to assess the impact of Headspace and Early Psychosis Prevention and Intervention Centres on alleviating the mental health needs of Aboriginal and Torres Strait Islander children and young people.

(c) The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services (ATAP) program

The recent evaluation of the program indicated that although it was successful overall in increasing the reach of allied health services to 'at risk' groups its ability to engage young people remained more limited. In our experience any system of care that uses General Practitioners as the primary access point will always struggle to reach young people. Children and young people do not usually have direct access to Medicare as they are included on their family's card. For some young people family conflict or their concern regarding the disclosure of mental health issues to parents/carers may preclude them from seeking this assistance. Young people who are homeless are unlikely to be registered with a General Practitioner practice.

BoysTown believes that this situation can be addressed by allowing accredited community based not-for-profit organisations to deliver ATAP services. These

agencies are in contact with the hard to reach target groups identified in the mental health strategy and increasing service access pathways will improve the reach of these services particularly for youth.

Recommendation 2:

That the Commonwealth Government allow for the implementation of the Access to Allied Psychological Services (ATAP) program through appropriately accredited community based not-for-profit organisations.

(d) Services available for people with severe mental health illnesses and the coordination of these services

The current Government in respect to its *Mental Health: taking action to tackle suicide* strategy has previously provided \$18.1 million to boost the capacity of crisis hotlines to deal with suicide contacts. It is our understanding that this money has almost if not exclusively been allocated to Lifeline. Currently in Australia mobile phone calls to 1800 numbers are charged in accordance with that phones particular plan whereas calls from landlines are free to the caller where the cost of these calls is met by the organisation that owns the 1800 number. It is our understanding that a component of this funding has been used to ensure that people contacting Lifeline by mobile phones are not charged. This has been achieved through an agreement involving Lifeline, the Department of Health and Ageing and telecommunication providers and is we believe being supported by government funding. It is our belief that the implementation of this policy has unintentionally discriminated against children and young people seeking support from dedicated youth services and furthermore has restricted the choice and service options for consumers of mental health services.

The mental health of Australian youth is a national concern. The Australian Bureau of Statistics National Survey into Mental Health and Wellbeing held in 2007 found that one in four young people aged 16-24 had a mental health disorder including substance use disorders. The prevalence of mental health disorders amongst the general Australian population was one in five. Furthermore this survey found that 40% of young people aged 16-24 had experienced a mental health disorder at some time in their life.

Consequently it is not surprising that Kids Helpline is experiencing a continued and sustained growth in mental health contacts from Australian children and young people. In 2010 Kids Helpline provided 26,688 telephone and online counselling sessions to children and young people presenting with mental health issues. This figure represents a 29% increase in the number of counselling sessions provided to children and young people about this problem type when compared to 2009. These figures include 14,504 presentations concerning suicidality and self injury, furthermore Kids Helpline counsellors are regularly responding to children and young people in the act of committing suicide. There is considerable research indicating that children and young people prefer to engage with a youth specialist service when seeking help. This may be a reason for the high awareness level amongst Australian young people concerning the services of Kids Helpline which is currently 78% (Internal research in partnership with Taylor Nelson Sofres (TNS), a social marketing company). Optus and Vodafone provide zero rated mobile phone contacts to the 1800 Kids Helpline number. These companies provide this service consistent with their

corporate social responsibility policies. Telstra do not provide this service. It is our estimate that children and young people contacting Kids Helpline via a mobile phone using the Telstra network are being charged between \$300,000 and \$520,000 annually in seeking help from Kids Helpline – see attached brief.

The critical importance of reducing barriers to help seeking by the provision of affordable mobile phone access, particularly by young people to Helplines as been recognised by two recent all party Parliamentary Inquiries. These Inquiries together with their recommendations concerning this issue are listed below:

1. *Senate Community Affairs References Committee investigating Suicide in Australia 2010:*

Recommendation 23

The Committee recommends that the Commonwealth government ensure telecommunications providers provide affordable access to telephone and online counselling services from mobile and wireless devices.

2. *Joint Select Committee on Cyber-Safety 2011:*

Recommendation 26:

The Minister for Broadband, Communications and the Digital Economy negotiate with mobile phone companies to increase affordable access to crisis help lines, with a view to ensuring greater accessibility by young people seeking assistance.

This situation raises a number of concerning issues regarding the implementation of the Commonwealth Government's *Tackling Suicide* Initiative. These are:

- Why are people, including children and young people that require the assistance of Helplines being treated differently in relation to the cost of contact?
- Why are vulnerable young people subscribing to the Telstra network being penalised if they choose to seek help from a youth orientated service?
- Why has the Commonwealth Government restricted the choices of vulnerable young people and adults by only providing free mobile phone access to one Helpline?

Overall the current situation restricts service consumer's choice and discourages help seeking by vulnerable young people who choose to seek assistance from a youth orientated service.

Recommendation 3:

That the Government remove the current inequity experienced by Helpline users and broaden their range of help seeking choices by providing affordable access to all Helplines, particularly those exclusively dedicated to the provision of service to children and young people.

(e) Mental health workforce issues

A strategy that improves the quality of service delivery, accountability and assists in staff retention is the provision of clinical supervision to front line staff. Clinical supervision within the disciplines of social work and psychology is a critical strategy in supporting knowledge and skill development as well as the effective use of these skills (Smith, 2005). Mental health workers are confronted everyday with complex challenges. The ability of these workers to effectively intervene in difficult situations will be severely limited if they are working in isolation without professional mentoring and support.

The other critical factor in providing quality services consistent with the needs of people with mental health issues is enhancing the competence of service providers through training. It is crucial that workers are adequately and regularly trained to increase their awareness of the different challenges and needs of their clients and to ensure that responses provided to clients are timely, age-appropriate and culturally competent.

For these reasons, BoysTown ensures that all staff in contact with young people receive clinical supervision and training. All Kids Helpline counsellors receive formal clinical supervision as well as ongoing training particularly in relation to mental health intervention. Our frontline staff located across four Australian States also have allocated Clinical Supervisors who deliver clinical supervision via face-to-face interactions and/or via telephone and video link.

The main challenge to the provision of appropriate clinical governance and training is cost. During the last financial year, BoysTown spent a total of approximately \$1,338,000 in staff costs for clinical governance and training.

It is our experience that Commonwealth Government service contracts do not consistently provide funds for clinical governance.

Recommendation 4:

That the Commonwealth Government ensure an appropriate level of funding for clinical governance is included in all contracts relating to the delivery of mental health services.

(f) The adequacy of mental health funding

It is our belief that insufficient funding has been allocated to increasing the economic and social participation for people with mental illness. Even though it is outlined in the budget papers that other program funds will be directed to support this initiative it is noted that this will primarily be focussed on services to people on Disability Support pensions. The current allocation of \$2.4 million for economic and social participation out of the total provision of \$2.2 billion is not consistent with the importance of this strategy for enhancing the well being and recovery of people with mental health issues.

Job Services Australia

It is our belief that a serious unmet need is emerging in this program concerning young people with mental health issues. This is having a significant impact on the wellbeing of unemployed youth as they face increased risks for mental health issues (Kasl, S., Rodriguez, E., & Lach, K.,1998; Fergusson, D., Boden, J. &

Horwood, L., 2007) and mental health issues can both precipitate and perpetuate difficulties in gaining employment (Baron, R. & Salzer, M., 2002). There is also considerable research indicating the importance of work in promoting recovery from mental illness.

The inability of JSA programs to achieve sustainable employment outcomes for young people with diagnosed and undiagnosed mental health issues is due to systemic issues in the design and current operations of JSA including:

1. The lack of specialised assessment services across the Australian Job Services Network

It is the experience of BoysTown's employment consultants that many young people have undiagnosed mental health issues. Many young people either do not want to seek assistance or fear that disclosure of their mental health problem may lead to stigmatisation and subsequently be a further impediment to securing employment. Consequently the initial assessment of young people undertaken by Centrelink staff prior to referral to a JSA provider may not identify that there is an underlying mental health issue. Furthermore the availability of assessment services are becoming more limited. DEEWR recently advised all service providers that Centrelink's Participation Solutions Team (PST) would start restricting the amount of enquiries that it would respond to from Job Services Providers. Consequently for those young people wrongly assessed as being job ready or having lower levels of barriers to employment as a consequence of not disclosing or being unable to identify their mental health needs, means the Job Service provider is limited in the level of support that can be made available without opportunity for re-assessment by a Job Capacity Assessor (JCA).

2. The interface between Disability Employment Services and Job Services Australia Providers

The Disability Employment Services (DES) providers support young people assessed with partial work capacity of at least eight hours per week. Clients unable to work to this level are considered to be voluntary. Any work undertaken with this client group by DES providers is not significantly recognised in relation to performance payments. Subsequently there is reluctance by DES providers to accept referrals from Australian Job Service providers in relation to this group. This has an adverse impact on the recorded employment outcomes of JSA providers. Altogether this situation also limits the level of employment support offered to people with disability.

3. Long Term Placement into Work Experience

Clients who are not able to gain or retain employment will invariably move into the Work Experience Phase of the job Services program. Those young people with undiagnosed or underlying mental health issues (especially those Stream 4 clients who have exhausted Stream Services after a maximum period of 18 months), are at risk of remaining indefinitely in this work experience phase with little or no resources available to assist them after the first 12 weeks - as both service fees and Employment Pathway Fund credits are exhausted.

There is now an urgent need to investigate the situation of young people with mental health issues in JSA programs in order to guide the redevelopment of these services to improve their effectiveness in achieving employment outcomes for young people with mental health issues.

Recommendation 5:

That the Commonwealth Government investigate the plight of young people with diagnosed and undiagnosed mental health issues currently receiving employment services through the Job Services Australia program in order to inform the enhancement of current levels of support and employment outcomes for this target group.

Improving referral pathways between schools and JSA providers for Young People at risk of mental illness

BoysTown believes that systemic linkages between schools and the Australian Job Services system are necessary to ensure the transition of vulnerable youth into sustainable employment. Evidence-based research suggests that unless young people have vocational pathways in place prior to leaving school, they may tend to drift between unemployment and casual work for extended periods of time, and subsequently are at significant risk of long term unemployment and entering prolonged cycles of poverty. Current provision under the Department of Education, Employment and Workplace Relations (DEEWR) Employment Services program limits a young person from acquiring the service of an employment service provider until they finish Year 12 or its equivalent. Similarly, a provider cannot enrol a young person in an employment service program while the young person is still at school. It would be preferred if service providers were able to work more closely with educational institutions to inform and prepare young people for employment prior to leaving school. This would reduce the number of young people that delay their registration with JSA providers and also would more effectively facilitate employment outcomes as preparatory work such as the compilation of résumés could commence earlier.

BoysTown is currently working in partnership with the Queensland Education Department on a pilot project to trial an intervention model to address this systemic gap. This pilot program will target and assist 50 Year 12 students designated as at high risk of not making a successful transition from school to work in 2012. The cohort for the pilot will include a significant number of young people with mental health issues. These young people will be provided with individual case management support, accredited vocational training, specialised counselling and employment placement with intensive follow-up post-placement support over a 12 month period.

This project is consistent with recent recommendations by the House of Representatives Standing Committee on Health and Ageing concerning the prevention of youth suicide. Recommendations 7 and 9 of this report stress the need to support vulnerable young people at key transition points in their lives such as experienced when leaving school for work.

The pilot project will be evaluated to assess its effectiveness and its findings will be disseminated across the sector.

Recommendation 6:

That the Commonwealth Government increase its investment in school to work transition programs for young people impacted by mental health issues.

(g) The delivery of a National Mental Health Commission

BoysTown supports the establishment of the Mental Health Commission. It would have been preferable if the Commission had been an independent authority reporting directly to Parliament instead of being included in the Office of the Prime Minister. BoysTown also believes that the new Mental Health Commission will need to work closely with the Mental Health Council and other sector bodies to ensure that the voice of consumers, carers and service providers is taken into account in undertaking its responsibilities.

(h) The impact of online services for children and young people with mental illness

The Commonwealth Government has announced its intent to develop online and telephone support into a single national mental health portal and an e-clinic. BoysTown supports this initiative. However based on our extensive service experience it is also our view that the safe and effective delivery of this serviced will require a substantial service infrastructure given the systemic risks involved in online counselling.

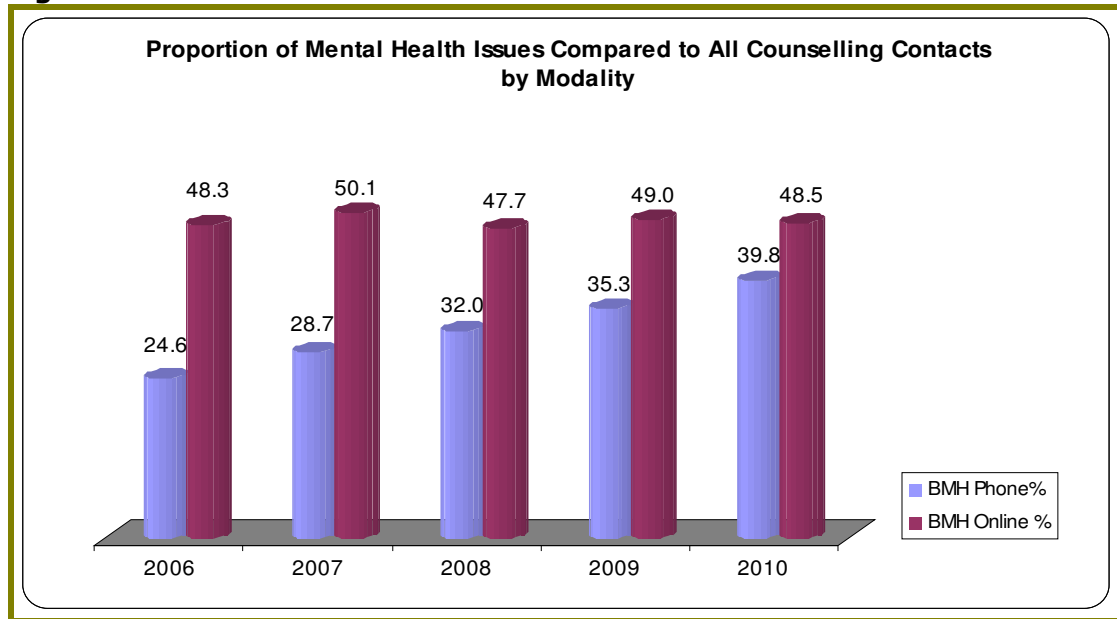
The internet has become a critical communication tool that keeps young people connected with friends as well as providing information and entertainment. Australian young people have ready access to the internet and are generally 'net-savvy'. Nine in ten Australian households have an internet connection, and three-quarters have broadband (ACMA 2007). Children and young people aged between 8 and 17 years commit about an hour and a quarter of each day to the internet, with older teens aged between 15 and 17 spending 2.5 hours on these activities (ACMA 2007). Up to 97% of young people aged 16 to 17 claim to use at least one social networking service (ACMA 2009).

Within this technologically rich environment children and young people's help-seeking behaviour has evolved to encompass 'the Net'. Contemporary research indicates that, after family and friends, the internet is most commonly used by young people to acquire information and assistance for personal concerns (Neal, D., Campbell, A., Williams, L., Liu, Y. & Nussbaumer, D., 2011). Furthermore, there is evidence that acquiring health information is one of the most common reasons for using the internet. The use of online health sites has increased at an even faster rate than general internet usage (Miller 2009). Consequently, the Net has become a critical space for the delivery of information support and counselling for young people.

BoysTown is an experienced provider of online counselling services. Kids Helpline introduced the world's first publicly accessible web-based counselling service for children and young people in 2000 (Clark 2002). This was an outcome based on young people's expressed interest and the value of youth empowerment, held strongly by the organisation. E-mail counselling had already commenced in 1999.

In relation to mental health issues our data suggests that online access to mental health services is an important pathway for consumers. This evidence is graphically presented in Figure 1. Nearly half of all online counselling sessions provided by Kids Helpline are in regard to mental health presentations.

Figure 1.



Online counselling is an effective form of practice that has the potential of reaching those young people who would otherwise be resistant or unable to access face-to-face services. Young people who use online counselling are more likely to be first-time or occasional users of Kids Helpline counselling services. Kids Helpline recognises the limitations of online counselling modalities for ongoing counselling and case management. Counsellors encourage young people who initially make contact through web or e-mail to engage with them by telephone for ongoing counselling or, alternatively, facilitate referrals to local services in the young person's community. This practice is consistent with current research, which indicates that online counselling, due to its accessibility, increased anonymity and timeliness, is a critical component of a stepped care model. This enables help-seekers who may be resistant initially to seeking face-to-face counselling to become engaged and then, through the use of the established therapeutic alliance, be encouraged to transition to other forms of counselling for longer-term support (Miller 2009; Pelling 2009).

Contemporary research in relation to online counselling has suggested a number of systemic risks associated with this modality (Miller 2009; Pelling 2009). In our experience these systemic risks can be ameliorated by having an extensive infrastructure to support online counselling including accredited counsellors, a specialised training strategy, ongoing clinical supervision and monitoring of practice, as well as a research strategy that informs its ongoing development. These issues will need to be considered by the Commonwealth Government in the implementation of this initiative.

Recommendation 7:

That the Commonwealth Government ensure accredited counsellors supported by specialised training, clinical supervision, practice accountability systems and an ongoing research and evaluation strategy are key features of the service model for the proposed single national mental health portal and e-clinic.

Appendix 1: Brief Mobile Phone Issue



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Brief on the Cost of Mobile Phone Calls to Kids Helpline July 2011

Number of calls from mobile phones to Kids Helpline

In 2010, there were **302,175** attempts to contact Kids Helpline from mobile phones. This equates to nearly 72% of all attempts to contact the telephone counselling service. Kids Helpline was able to answer 164,536 of these mobile phone attempts, equating to 69% of all telephone calls answered by Kids Helpline.

The proportion of mobile calls to Kids Helpline has generally been increasing every year.

Year	% of All Attempted calls from young people using mobile phones	% of All Answered calls from young people using mobile phones
2008	60.1%	58.8%
2009	64.8%	63.8%
2010	71.6%	68.9%
2011 1 st half	70.8%	68.6%

Duration of mobile phone calls

In addition to increasing rates of contact using mobile phones, the duration of these contacts has also been increasing:

- The average duration of all **answered** mobile calls in 2010 was **6.9 minutes**.
- The average time spent on hold or in a queue for those young people whose call **did not get answered**, was **1.3 minutes**.
- Given both of the above factors, the **average length of time mobile phones were in use to Kids Helpline was 4.4 minutes**
- For some young people whose issues require a counselling response, mobile call durations can be more than one hour (12% of all counselling calls from young people using mobile phones in 2010), with an average length of 29.7 minutes for all mobile calls requiring counselling type responses.

Cost of using mobile phone to connect with Kids Helpline

The range of mobile phone plan choices in Australia are numerous and present a difficulty for anyone wishing to determine an average cost per minute across the industry. However, for the purposes of calculating the potential cost of mobile contacts to Kids Helpline we have developed costings based on 3 rates:

- @ \$0.59 cents per minute
- @ \$0.79 cents per minute
- @ \$0.99 cents per minute

The latest Telstra pre and post paid plans include flag fall so these charges have not been added separately. These rates produce the following suggested average costs per mobile call to Kids Helpline, including both those calls that enter the queue and are eventually answered,



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and those that enter the queue, but where the young person ends the call before being answered by a counsellor.

Average cost per mobile call (answered and unanswered) @ average length of 4.4 minutes

@ \$0.59	\$2.57
@ \$ 0.79	\$3.45
@ \$ 0.99	\$4.32

For those young people requiring the average duration involved in a counselling type response, calls could cost upwards of \$30.00 per call.

Telstra Mobile Phone Charges on Children and Youth

Information publicly available on the internet leads us to understand that Telstra's estimates for their mobile phone market share averaged 40% across 2010. Applying this percentage to the above data suggests that the cost of calls to Kids Helpline in 2010 **paid for by young people** using mobile phones would have ranged between \$310,000 and \$520,000.

Estimated total Telstra Mobile Calls to KHL 2010	Estimated Number of Mobile Calls through the Telstra Network	Cost per Call	Estimated Total Cost
120,870	40%	@ \$2.57	\$ 310,000
		@ \$3.45	\$ 415,000
		@ \$4.32	\$ 520,000

Optus & Vodafone Foregone Revenue from Mobile Phone Charges on Children and Youth

Although Telstra charges children and young people for calls from mobile phones to Kids Helpline, for the past 10 years Optus has provided free calls to Kids Helpline from mobiles on their network. This includes Virgin mobiles. Vodafone has also recently begun to offer free mobile calls to Kids Helpline. From the data analysed for this report, it can be shown that these cost absorptions by major telecommunications providers other than Telstra, amounted in 2010 to somewhere in the range of \$465,000 to \$780,000.

Estimated total Optus and Vodafone Mobile Calls to KHL 2010	Estimated Number of Mobile Calls through the Optus and Vodafone Networks	Cost per Call	Estimated Total Cost
181,305	60%	@ \$2.57	\$ 465,000
		@ \$3.45	\$ 623,000
		@ \$4.32	\$ 780,000

** For the purpose of this estimate smaller telecommunication carriers have been included in the Telstra, Optus or Vodafone network calculations*



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Estimated Total Cost for Young People accessing Kids Helpline by Mobile Phone

As outlined in the tables above, total costs for mobile calls made to Kids Helpline in 2010 are estimated below:

Estimated total Number of Mobile Phone Contacts to KHL 2010	Average duration for All Mobile Phone Calls	Cost per Minute	Estimated Total Cost
302,175	4.4 mins	@ \$0.59	\$775,000
		@ \$ 0.79	\$1,038,000
		@ \$ 0.99	\$1,300,000

The Preference of Young People to Connect with a Mobile Phone in relation to Serious Issues

The following table shows the issues where mobiles were used significantly more for a particular issue in 2010.

Counselling Issue	Mobile %	Landline %
Self-Injury*	19.3	12.0
Current thoughts of suicide*	12.8	8.8
Partner Relationships	10.2	9.1
Suicide	6.2	4.1
Pregnancy	2.2	1.4

*Not primary reason for the contact – data on self-injuring behaviour and thoughts of suicide collected for every contact regardless of primary counselling concern.

These figures demonstrate that children and young people will contact Kids Helpline using mobile phones for very serious and complex issues. It is our assessment that mobile phones are used more for these types of contacts as it affords the child privacy and increased confidentiality. For example a child concerned about self harm or thoughts of suicide is likely to use a mobile phone in a space away from family, peers or other people to contact Kids Helpline due to the perceived 'shame' involved in needing to discuss this issue and their wish that this be kept confidential. Consequently a call back option would not be appropriate as the counsellor may unintentionally contact the child when other people are present which will breach the young person's confidentiality and inhibit future help seeking.

Regional Australia

Despite the fact that only one-in-three young people live in regional and remote areas, a much larger proportion (42%) of all Kids Helpline contacts come from these areas and the majority of these are using the phone counselling service.

In regional areas, most mobile phone users remain on the Telstra network, as the Next G network provides wider reach and greater coverage. This means children and young people in regional and remote areas are even further disadvantaged as they cannot access free counselling on their mobile phones, which is their preferred method of contact.



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Recommendations for free calls to child helplines

A number of national and international entities have recommended that calls to child helplines be free of charge to ensure that those most in need are able to access services where and when needed. The international membership network of children's helplines, Child Helpline International, has been campaigning across the globe for collaborative strategies between the private, public and non-profit sectors to ensure that children and young people have free access to telephone counselling. As part of this campaign, Child Helpline International successfully lobbied the International Telecommunications Union Standards Sector (ITU-T) to include in their Recommendations a supplement guiding members to consider the allocation of free calls to child helplines¹.

By 2009, 34% of Child Helpline International members (32 child helplines) were able to report that mobile calls to their child helplines were now free to both the child and to the helpline, as they were paid for by their countries' telecommunications providers. This number included 16 countries in Europe and 4 in the Asia-Pacific region².

In addition, BoysTown (and Kids Helpline) presented to the Australian Government Senate Inquiry into Suicide in Australia in 2010. The Inquiry recommended that all mobile phone calls to crisis services such as Kids Helpline should be affordable (Recommendation 23)³.

Recommendation

In earlier approaches to the Commonwealth Government BoysTown had recommended that the Minister for Mental Health and Ageing and other relevant Ministers work with Telstra to come to an agreement whereby Telstra assumes the same social responsibility shown by all other mobile phone network providers in Australia by absorbing the costs of mobile calls to Kids Helpline. This would have been consistent with international practices being established between Child Helplines and telecommunication providers. However this is now not a feasible option given the precedent set by the Commonwealth Government in respect to Lifeline, whereby Australian telecommunication providers are being reimbursed for the cost of mobile calls to this service.

Consequently, BoysTown now recommends that the Commonwealth Government meet the cost of mobile phone calls to Kids Helpline currently paid for by children and young people. As noted above it is estimated that this will cost between \$775,000 and \$1,300,000 annually dependent on the total numbers of mobile phone contacts to Kids Helpline and the rate negotiated with telecommunication providers. The implementation of this option will address the currently unacceptable discrimination towards children and young people seeking qualified counselling services through Kids Helpline.

Recommendation

That the Commonwealth Government funds the cost of all mobile phone calls by children and young people to Kids Helpline.

¹ ITU_T Study Group 2; Supplement 5 to ITU-T Recommendation E.164; 2008

² Child Helpline International, 2009; "Connecting to Children - A Compilation of Child Helpline 2009 Data"

³ Senate Community Affairs References Committee: Suicide in Australia; 2010

References:

- Australian Bureau of Statistics. (2007). National Survey of Mental Health and Wellbeing: Summary of Results. ABS Cat No. 4326.0. Canberra: ABS.
- Australian Communications and Media Authority. (2009). 'Click and connect: young Australian's use of online', *Media: 2: Quantitative Research Report*, Canberra, Australia, p. 7.
- Australian Communications and Media Authority. (2007). *Media and Communications in Australian Families: Report of the Media and Society Research Project*, Canberra, Australia, p. 2
- Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral Sciences and the Law*, 20, 585– 599.
- BoysTown Submission. (2010). Submission to the Select Committee on Regional and Remote Indigenous Communities Retrieved from: <http://www.boystown.com.au/> on 26 July 2011.
- Clark, J. (2002). 'More than lip service: Putting supervision into practice at Kids Help Line', in M. McMahon & W. Patton, *Supervision in the Helping Professions*, Frenchs Forest: Pearson Education, Australia, p. 287
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2007). Unemployment and suicidal behavior in a New Zealand birth cohort: A fixed effects regression analysis. *Crisis*, 28(2), 95–101.
- Kasl, S., Rodriguez, E., & Lach, K. (1998). The impact of unemployment on health and well-being. In: B. P. Dohrenwend, BP (Ed.), *Adversity, stress, and psychopathology*. pp 111–31. New York (NY): Oxford University Press.
- Miller, K. (2009). 'The potential role of the internet in suicide prevention', *Counselling, Psychotherapy, and Health*, 5(1): 109-130
- Neal, D. M., Campbell, A.J., Williams, L.Y., Liu, Y. & Nussbaumer, D. (2011). "I did not realize so many options are available': cognitive authority, emerging adults, and e-mental health', *Library and Information Science Research*, 33: 25-33
- Pelling, N. (2009). 'The use of email and the internet in counselling and psychological service: what practitioners need to know', *Counselling, Psychotherapy, and Health*, 5(1): 1-25
- Smith, M. K. (2005). 'The functions of supervision', *the encyclopedia of informal education*. Retrieved from: <http://www.infed.org/> on February 05, 2009.
- BoysTown Annual Report. (2010). Available for download at: www.boystown.com.au.